



## MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

## BUREAU OF CHILD CARE

**MEDICAL EXAMINATION REPORT FOR CHILD CARE PROVIDER/STAFF****I. IDENTIFYING INFORMATION (TO BE COMPLETED BY PATIENT)**

NAME	BIRTHDATE
ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER (     )
NAME OF CHILD CARE FACILITY WHERE EMPLOYED	

**II. TO BE COMPLETED BY A LICENSED PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A LICENSED PHYSICIAN**

	YES	NO
This individual will be in contact with children, infant through school-age, receiving child care outside their own homes. S/he may be responsible for the physical care and social development of young children during daytime and/or nighttime hours. Some lifting of young children may be required.		
On _____ (date) I examined this patient and certify –		
A. That s/he is in good physical and emotional health and free of contagious disease;		
B. To the best of my knowledge s/he is free of impairment due to the use of medication;		
C. To the best of my knowledge s/he is free of a current drug or alcohol dependency; and		
D. That s/he is free of active tuberculosis as established by a tuberculin skin test, a chest x-ray, or appropriate follow-up of a previous examination. (If chest x-ray is contra-indicated, please comment on follow-up indicating if this person will pose a hazard to other persons).		
TB testing, chest x-ray, or follow-up examination was completed on _____ (date).		
Does patient have any physical or mental conditions which might endanger the health of children or that might prevent him/her from providing adequate care for children? If yes, explain below.		
Are there any restrictions on children's ages, number of children or hours of care? If yes, explain below.		
Remarks/Restrictions, if any:		
SIGNATURE OF PHYSICIAN OR REGISTERED NURSE UNDER THE SUPERVISION OF A PHYSICIAN		
DATE	PHYSICIAN'S OR NURSE'S NAME (PLEASE PRINT)	
NAME OF CLINIC, GROUP PRACTICE, OTHER	IF NURSE IS SUPERVISED BY A PHYSICIAN, INDICATE PHYSICIAN'S NAME	
ADDRESS (STREET, CITY, STATE, ZIP CODE)	TELEPHONE NUMBER (     )	